

at a birth, a SEPARATE RETURN CAN IN ORDER OF BIRTH STATE.

*Amendment Attached*

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 126  
County Registrar No. 68  
Local Registrar No. \_\_\_\_\_

2. Full name of child Vurla Louise Brown (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
} If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Feb. 8, 1927  
Month day year

8. FATHER  
Full name Chris Jackson Brown  
9. Residence (Usual place of abode) Miami, Arizona  
If nonresident, give place and state  
10. Color or race Cauc.  
11. Age at last birthday 35 (Years)

14. MOTHER  
Full maiden name Sarah Eliza Hastings  
15. Residence (Usual place of abode) Miami, Arizona  
If nonresident, give place and state  
16. Color or race Cauc.  
17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Coma, Alabama  
(State or country)  
13. Occupation millman  
Nature of industry mining

18. Birthplace (city or place) Mesa, Arizona  
(State or country)  
19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) 2 Born alive and now living (b) \_\_\_\_\_ Born alive but now dead (c) \_\_\_\_\_ Stillborn  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn.) at 4 A. m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Given name added from a supplemental report  
Signature Byril M. Brown (Physician or midwife)  
Address Miami, Arizona

Filed Feb 7, 1927 Le. E. Dwyer Local Registrar.  
Registrar. \_\_\_\_\_ County Registrar.

525-204-282